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Bib Data Sheet

CONFIRMATION NO. 1881

SERIAL NUMBER 10/071,487	FILING DATE 02/07/2002 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 42049/234053
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APPLICANTS

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** CONTINUING DATA ***** *none / ss*** FOREIGN APPLICATIONS ***** *none / ss*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/07/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 5	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <i>SS</i> Initials				

ADDRESS

00826
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TITLE

Casket bed frame assembly

FILING FEE RECEIVED 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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